

**MAM**

FORM TO BE USED BY A PRISONER FILING A  
42 U.S.C. § 1983 CIVIL RIGHTS COMPLAINT  
IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

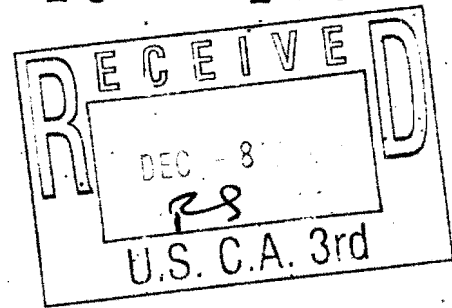
## I. CAPTION

ERIC DICKERSON L.  
(Enter the full name of the plaintiff or  
plaintiffs)

v.

SCI GRATERFORD,  
DEFENDANT'S OF THE COMMONWEALTH  
MERCY SUBERTION HOSPITAL,  
PRISON HEALTH CARE SERVICES,  
BUREAU OF HEALTH CARE SERVICES, Et. Al.  
(Enter the full name of the defendant or  
defendants)

10 7177



## II. PARTIES

## a. Plaintiff

Full name: ERIC DICKERSON L.

Prison identification number: GY-6064

Place of present confinement: SCI GRATERFORD

Address: P.O. BOX 244, GRATERFORD Pa. 19426-0244

Place of confinement at time of incidents or conditions alleged in  
complaint, including address: SCI, ALBION, 10746, Route 18 Albion Pa.  
16475-0002. Now also at SCI Graterford P.O. Box Graterford 19426-0244

Additional plaintiffs: Provide the same information for any additional  
plaintiffs on the reverse of this page or on a separate sheet of paper.

b. Defendants: (list only those defendants named in the caption of the  
complaint, section I)

1. Full name including title: SCI GRATERFORD, DEFENDANT'S OF THE COMMONWEALTH  
Place of employment and section or unit: P.O. BOX 244 Graterford Pa, 19426-0244

2. Full name including title: Mercy Subertion Hospital, CHRISTOPHER J. BRUCE  
Place of employment and section or unit: 2706 DEKALB PIKE #309 NARLISTOWN, PA, 19401

3. Full name including title: Prison Health Care Services, INSURANCE PROVIDER  
Place of employment and section or unit: 103 WEST HICK DRIVE #200 BRENTWOOD TN, 37027, A/501  
P.O. Box 598; Camp Hill, PA, 17001-0598

4. Full name including title: Bureau of Health Care Services  
Place of employment and section or unit: P.O. Box 598; Camp Hill, PA, 17001-0598

Additional defendants: Provide the same information for any additional  
defendants on the reverse of this page or on a separate sheet of paper.

### III. PREVIOUS LAWSUITS

#### Instructions:

If you have filed other lawsuits in any federal or state court dealing with the same facts as this complaint or other facts related to your imprisonment, you must provide the information requested below. If you have not filed other lawsuits, proceed to Section IV, Administrative Remedies, on this page.

If you have filed other lawsuits, provide the following information.

Parties to your previous lawsuit:

Plaintiffs ERIC DICKERSON

Defendants Defendant's of Commonwealth, Prison health services.

Issues: Deliberate Indifference, Violation of Right's 1st, 8th  
14th Adminment's.

Court: if federal, which district? WESTERN DISTRICT

if state, which county? ERIE COUNTY

Docket number: Civ.06-0289 Date filed: \_\_\_\_\_

Name of presiding judge: (Chief Magistrate, SUSAN PARADISE BAXTER)

Disposition: (check correct answer(s)); Date: JULY 22, 2009

Dismissed \_\_\_\_\_ Reason? \_\_\_\_\_

Judgment \_\_\_\_\_ In whose favor? \_\_\_\_\_

Pending \_\_\_\_\_ Current status? \_\_\_\_\_

Other X Explain Settled out in Settlement Hearing

Appeal filed? X Current status? case closed

Additional lawsuits. Provide the same information concerning any other lawsuits you have filed concerning the same facts as this action or other facts related to your imprisonment. You may use the back of this page or a separate sheet of paper for this purpose.

### IV. ADMINISTRATIVE REMEDIES

#### Instructions:

Provide the information requested below if there is an administrative procedure to resolve the issues you raise in this complaint. Examples of administrative procedures include review of grievances, disciplinary action, and custody issues. If no administrative procedures apply to the issues in this complaint, proceed to Section V, Statement of Claim, on page 4.

The Plaintiff has submitted request, sick call, and Grievances only to have 11 out of a grate amount of his Grievances ignored, and have no response.

- a. Describe the administrative procedures available to resolve the issues raised in this complaint:

Type of procedure. (grievance, disciplinary review, etc.)  
Grievance's submitted to medical Department and to those in authority. Most of the Grievances rejected or called frivolous.

Authority for procedure. (DC-ADM, inmate handbook, etc.)

Three stage's to procedure, according to inmate hand book  
Chronic care patient's are to be seen every 30m- days, not done.

Formal or informal procedure. ~~see so called Formal~~

Who conducts the initial review? Ms. Wendy Shelory for the Institute,  
and Dorina Varner for Centerial Office, (PHS)(BHCS).

What additional review and appeals are available? Motion for Reconsi-  
deration to the Chief Magistrate Judge (Susan Paradise Baxter).  
Also each of the Defendant's have received copy's of the motion  
for Reconsideration.

- b. Describe the administrative procedures you followed to resolve the issues raised in this complaint before filing this complaint:

On what date did you request initial review? July 26, 2010, after varios  
date's requesting a review.

What action did you ask prison authorities to take? ~~None~~, that would  
help the Plaintiff, out side what the written Settlement, even  
though the Plaintiff's health is deterating.

What response did you receive to your request? The Plaintiff received  
a rejection or was told his aurgment was frivilous.

What further review did you seek and on what dates did you file the  
requests? The Plaintiff was forced to enter Motion for Reconsi-  
deration, In which the Plaintiff was told by the Chief Magistrate  
(Susan Paradise Baxter) that he should presue this further in th  
3 rd circet Court in the Eastern District.  
What responses did you receive to your requests for further review?

The Plaintiff at every turn has come up against a wall, That is  
why The Plaintiff now has to submit this in the Court in order  
to receive the help that he has plead'ed dor so long.

- c. If you did not follow each step of the administrative procedures available to resolve the issues raised in this complaint explain why.

The Plaintiff has followed every#stpe of administative proc-  
edures available, and still he has benn told that he has not  
submitted every part of the 3 step

procedure, as a way to stop  
the Plaintiff from receiving fineial Appeal decision.

V. STATEMENT OF CLAIM

Instructions:

State here as briefly as possible the facts of your case. Use plain language and do not make legal arguments or cite cases or statutes. State how each defendant violated your constitutional rights. Although you may refer to any person, make claims only against the defendants listed in the Caption, Section I. Make only claims which are factually related. Each claim should be numbered and set forth in a separate paragraph with an explanation of how the defendants were involved. Use the reverse of this page or a separate sheet of paper if you need more space.

Statement of claim:

In the last year whiel being ni the care of SCI Graterford, Pr-  
ison Health Care Services, Bureau of Health Care Services, and be-  
ng sent to Mercy Subertian Hospital, Each Defendant that's invol-  
ved in this claim which is attached as time line and list of De-  
fendant's list . All is explained in dockertment's atched.

VI. RELIEF

Instruction: Briefly state exactly what you want the Court to do for you.

Relief sought:

1. Enter Judgement in favor for the Plaintiff for Momial, Compe-  
asatory and Punitive Damages, as allowed by law against each Def-  
endant Jointly and severally, for Crule an unuseial Punishment,  
Deliberate Indifferencce, amd Mental Anquish, also failure of  
Due Process, which the Plaintiff is Intitled to by Law.
  2. Restore the Plaintiff to previous pain treatment, which helped  
th Plaintiff to get the rest which the Plaintiff lacks now, also  
no retaliation by the. ~~DECLARATION AND SIGNATURE~~  
the Institute, ALSO FOR THE court to to trail this.
- I (we) declare under penalty of perjury that the foregoing is true and correct.

12/ 5 /10

DATE

*Eric Dickerson L.*

SIGNATURE OF PLAINTIFF(S)

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

ERIC DICKERSON  
Plaintiff

VS.

SCI GRATERFORD,  
THE DEFENDANT'S OF THE COMMONWEALTH,  
MERCY SUBERTION HOSPITAL,  
PRISON HEALTH CARE SERVICES,  
BUREAU OF HEALTH CARE SERVICES,  
DEFENDANT'S Et.Al.

I. JURISDICTION

Jurisdiction is proper, also conferred by 28 U.S.C. §1331 (ie. case concerning Federal Question's), and by 28 U.S.C. §1343 (which authorizes Federal Courts to here actions brought under 42 U.S.C. §1983 [hereafter 1983]).

Jurisdiction is further conferred by 28 U.S.C. §1332, the diversity statute. Pursuant to the class action fairness act of 2005 [hereafter the fairness act], diversity Jurisdiction for class action has been expanded. Under this fairness act diversity jurisdiction is satisfied if any member of the class, named or not named has diverse citizenship from anyone Defendant.

II. VENUE

The District court is Appropriate venue under 28 U.S.C. 1391, Because a substantial part of the events or omission given rise to the claim's occurred in this District.

At all times relevant to the events described here in all of the Defendant's have Act'ed under the color of State Law, The Defendant's continue to act in their Official capacities and under the Color of State Law.

EXHAUSTION

The Plaintiff has submitted a variety of Request slips, Sick call slips, and Grievances, and has had out side parties to show their interest on behalf of the Plaintiff, to the Medical Administration and to the Administration of SCI.GRATERFORD.

The Plaintiff has exhausted all Administrative executive function's.  
see Attachment, fact's and time line of claim.

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

ERIC DICKERSON

VS.

SCI GRATERFORD,  
MERCY SUBERTIAN HOSPITAL,  
PRISON HEALTH CARE SERVICES,  
BUREAU OF HEALTH ACRE SERVICES"  
DEFENDANT'S Et, Al.

DEFENDANTS INVOLVED

RICHARD STEFANIC MD- Previous Medical Director of SCI Graterford first saw the Plaintiff after his Transferred from SCI Albion to SCI Graterford. The Defendant has stated that the Plaintiff need's surgery, but stop'ed the surgery that was schuled to take place on 10/1/09, this Defendant also took the Plaintiff off -the Pain treatment until the Attorney General Called the Defendant an dem- and'ed that the Plaintiff's Pain Treatment be restored.

BRUCE BLATT MD.- This Defendant is now the Medical Director for SCI Graterford, he has decied that the Plaintiff's complex of Me- dical problem's should not be treated. Even though the Plaintiff suffer's from serious wide spread Chronic Pain, the Defendant has placed the Plaintiff on anti-physotic's (Elivel) for painan has told the Plaintiff that he would have to live in Pain. Due to the the fact the Plaintiff has a Distened Abdmom, which cause's pro- lem's which are back pain, and a herina in the Plaintiff's groin which according to the Defendant is not considered as a Treat.

JOE KORSZNIAK CHCA-MEDICAL ADMINSTRATOR- This Defendant has ign- ored the Plea's of the Plaintiff and has'nt answered any of the Grievance's that has been submitted directly to the Defendant. As according to the D.O.C. hand book (DC-ADM, 801-482) The Plaintiff has the right to submitt Grievance's to any Department Head., As well as to The Prison Litigation Reform Act, and dose not remain Par- ticular when it come's to the matter of the safety of the Plaintiff ff, or the life of any person who has thae right to Community Standard Health Care.

MS. BARBER MARSH - The Defendant has refused to Process the Grie- vance's which the Plaintiff has submitted into the Defendant (JOE-

KORSZNAK) the Medical Administrator, has rejected Grievance's as Frivolous.

**JOHN ZORA MD.**—The Defendant has not examined the Plaintiff but also decided to remove the Plaintiff from a Medication which the Cardiologist from (Hemot Hospital) (Erie Pa.) who deals with serious sports injury's. The Cardiologist for (Mercy Subertian Hospital) has recommended that the Plaintiff remain on the Medication (Diglozen) for the Congestive Heart Failure which the Plaintiff was put on so that the Plaintiff would not experience a Failure again, which the Plaintiff is starting to go through once again.

**PHILIP ARIES/GENERAL MEDICAL DIRECTOR**—The Defendant's name is on the order to stop the Plaintiff's Pain Treatment. The Defendant has never seen or examined the Plaintiff to make a Judgment call to remove the Plaintiff's Pain Treatment, that has helped some so the Plaintiff could deal with the Complex Problem's that the Plaintiff deals with every day all day.

**CHRISTOPHER J. BRUCE MD.**—The Plaintiff was sent to the Defendant at (MERCY SUBERTIAN HOSPITAL) this Defendant is not a Specialist he's a General Surgeon. The Defendant stated to the Plaintiff doesn't have a true Hernia, but also stated that the PLAINTIFF'S Abdominal Viscera is not in the Abdominal Cavity. The Plaintiff was seen on 9/1/09, and then again on 5/25/10, in both of the visits the Defendant used the same CT scan that brought the Defendants of (SCI ALBION) to the settlement table, because they showed that the Plaintiff suffered from three different hernias.

**DOMINIC J. BONTEMP JR. [D.O., F.A.C.O.S.] and MICHAEL L. SCHORR D.O.** These Defendants have never seen the plaintiff but has by their name's being on the Plaintiff's examination Recommendation report have falsely submitted their name's intitleing the to named as Defendants.

**PRISON HEALTH CARE SERVICES**—Due to the serious nature of the Defendants being the Insurance for the (D.O.C.) have intervened, by not allowing or making sure the Plaintiff receive the proper health care. It is known that the Defendants will not help until the Plaintiff's life is on the line, as the same goes for the other Defendant's.

**BUREAU OF HEALTH CARE SERVICES**—these Defendant's have choose to ignore the pleas of the Plaintiff, the Plaintiff has submitted Appeal's to the Central office as well as the Defendants. The Defendant's don't see that what the Plaintiff experience every day as a problem that needs to be addressed. Due to the fact none of the Plaintiff's Grievance's are answered for final Appeal.

MS. HENRY SHAYLOR; -GRIEVANCE COORDINATOR -the Defendant has violated the Plaintiff's 1st Amendment by not processing the Grievance's that the Plaintiff had sent directly to the [Medical Administrator] when the Plaintiff asked for the Defendant to give the grievance's a number so they could be filed to

DORINA VANNER-GRIEVANCE ,CHIEF OFFICER FOR CENTRAL OFFICE

The Defendant has recieved the Plaintiff's Grievance's but for some reason the Plaintiff alway's receives AS. a response that he didnt submitt all parts of the Grievance's. At frist the Plaintiff had to send the Original responses due to the fact the Plaintiff did'nt have a copy card, but all part's were sent to the Defendant, who is violating the Plaintiff's 1st Amendment.

The Defendants in the color of state law have in full compassity have denied to treat the Plaintiff, The Defendants have failed to be the [GATE-KEEPERS] of the Medical Profession. The Defendants of the Commonwealth failed in the past which already has been established due to the Settlement Agreement that the Commonwealth brought the Plaintiff to the Settlement Table. Now the Plaintiff is made to suffer once again because of the Deliberate Indifference toward the Plaintiff. Each have ignored the Plea's of the Plaintiff knowing the Complex and seriousness of the Plaintiff's Nealth.

It's no longer a question if the Department of Correction's can or will or have given the Plaintiff any Health Care, the Time and other fact's shown and provied show's the Deliberate Indifference toward the Plaintiff.

The Plaintiff has submitted the Medical Report from [HAMOT HOSPITAL] (Erie Pa.) to show that the Plaintiff's Health is in jeporied.

LIST OF WITNESS'S

1.0 (Mr.Yodist)The Plaintiff's Unit Manger,He has done all that HE CAN TO ACOMDATE THE PLAINTIFF,DUE TO THE FACT THE DEFENDANT'S HAVE FAILED TO TREAT THE PLAINTIFF WITH COMMONUNITY STANDARD HEALTH CARE.

2.) (CO.STANELY)-ESCORTED THE \_PLAINTIFF OUT TO THE DEFENDANT(CH RISTOR J.BRUCE)'S OFFICE AT MERCY SUBERTAIN HOSPITAL ON 9/1/09.

3.) (CO.BLUEM)ESCORTED THE PLAINTIFF OUT TO THE DEFENDANT(CHRISTOR J.BRUCE)'S OFFICE ON 5/28/10.

4.) PAC. PUCKLAVIEG- INFORMED TH'E PLAINTIFF THAT THE DEFENDANT( BRUCE BLATT) GAVE STANDING ORDER'S THAT THE PLAINTIFF IS NOT TO RECEIVE NO KIND OF PAIN TREATMENT.

5.) MD. MARGREIT McDONALD Infromed the plaintiff that he have to wait until he's RELEASED INORDER TO RECEIVE PROPER TREATMENT,THE PLA-  
intiff suffers from a DESTEND'ED ABDOMEN AND PAIN WHICH THE PLAINTIFF EXPERANCE'S ON A DAILY BASIS,DUE TO THEFACT, THE INSTITUTE WILL NOT ALLOW FOR THE PLAINTIFF TO RECEIVE PROPER TREATMENT

EACH WITNESS MUST BE TREATED AS A HOSTIAL WITNESS INORDER TO PROTECT THEIR JOB'S,ALSO EACH MUST BE SUBPENOA'ED.

# FACT'S OF THE CLAIM

1. On July 23, 2009 The Plaintiff was transferred to SCI.Graterford from SCI.ALBION, for Medical Care and Treatment. Due to the fact the Institution Settled with the Plaintiff, as to pre-CT Scans showed that the Plaintiff Suffer's from severial Hernia's with-in his Abdomen.

2. On July 24, 2009 The Defendant (MD. Richard Stefonic) De'ed The Plaintiff's Pain Treatment, The Plaintiff had to call his Attorney (Mary Beth Walsh) to have her contact the Attorney General (Martha Passerilli) to have the Plaintiff's pain treatment restored.

3. From 7/25/09 to 8/30/09 The Plaintiff has submitted various sick call slips, complaining about the Pain since Defendant (MD. RICHARD STEFONIC) only replaced one of the Plaintiff's pain treatment med's.

4. From 8/30, to 9/11/09 The Plaintiff awaited to be seen by Specialist which took place on 9/1/09. The Plaintiff was seen by General Surgeon (MD. Christory J. Bruce), also by only the Cardiologist Specialist (DO. LEE) on 9/1/09 the Plaintiff was told that Abdominal Reconstruction would'nt be a problem, this is what the Defendant (MD. Bruce) stated, at no time did the Defendant tell the Plaintiff that the surgery could'nt be don.

5. From 9/3, to 10/1/09 the Plaintiff kept placing sick call slips in complaining about an increase of pain, On 10/1/09 (PA. Marlene Coacgi) informed the Plaintiff to stop taken certain med's. for surgery.

6. From 10/1, to 11/3/09 The Plaintiff is seen on doctor's Line by Defendant (RICHARD STEFONIC) who informed the Plaintiff that surgery would'nt be done, Due to the fact the Defendant (MD. CHRISTORY J. BRUCE) state's that the Plaintiff dose'nt have a true Hernia.

7. From 11/13, to 12/13/09 The Plaintiff has submitted sick call slips only to be seen by various Doctor's and Defendant's on sick call, who dont take the time to check the Plaintiff's vitals. Each of them will only listen to the Plaintiff and renew any med's..

8. 12/13/09 (MD. Margarita McDonald) see's the Plaintiff on PA. line for for problem with breathing (MD. McDonald) add's a steroid inhaler (Qvar) to the Plaintiff's Asthma med's., also (MD. McDonald) see's the Plaintiff for Hypertension and note's that the Plaintiff's pain is Due to the Plaintiff suffering from hiatal Hernia.

9. Also the Plaintiff has sick call with Defendant (JOHN ZORA DO.) this Defendant De'ed the Plaintiff's (Digioxon), despite what the cardiologist recommended that the Plaintiff should remain on the (Digioxon). Due to the fact the Plaintiff experenced (Congestive Heart Disease) when the Plaintiff almost died from when he was injured.

9.) From 11/13/09 up to 1/21/10, The Plaintiff submitted sick call slip's into the Medical Department only to be told that his concern's will be addressed on Doctor's Line. 1/21/10 the Plaintiff was seen by the Defendant (MD. Richard Stefanovic) for the increase of pain, the Plaintiff's pain Treatment adjusted, also the Plaintiff request a second option by another surgeon. Also the Plaintiff has to submit a sick call slip in at the beginning of every month in order for his pain Treatment to be ordered for an additional 30 day's.

11.) 2/18/10 Defendant (MD. Stefanovic) cancelled appointment which only leaves the sick call, the Plaintiff is placed on MayTab for gas as to the fact it has caused problem's with cellie's, and has placed the Plaintiff in dangerous situation's.

12.) 3/9/10 The Plaintiff was approached by an inmate that's cell'ed with The Plaintiff, The inmate (Mr. Jackson) told the Plaintiff that he he could'nt take it any more and that the Plaintiff was gone to have to move because of his GI. Problem which cause's the Plaintiff to pass gas, also because of the Plaintiff's deviated septum which causes the Plaintiff to snore, due to the fact the Plaintiff can only sleep on his back. (Mr. Jackson) was moved into the cell with the Plaintiff he was moved from the (SMU) to the cell of the Plaintiff, Due to (MR. Jackson's), inability or instability the Plaintiff who is in no physical condition was placed in a dangerous situation that could have ended in the Plaintiff being put in the hospital, if the block sgt. didn't investigate why there was yelling coming from the Plaintiff's cell. Which was inmate Jackson), the Plaintiff did'nt bring a claim against (Mr. Jackson) Unit Manager Yodist assured the Plaintiff that (Mr. Jackson) would'nt return.

13.) From 3/9/10 to 4/7/10 The Plaintiff has been seen by Defendant's and PA's on sick call for only the reason's that's stated on sick call slip's, When trying to inform about any other problem. The Plaintiff is told to place in another sick call slip. On 4/7/10 Defendant (John Zora DO.) tell's the Plaintiff that he was discontinuing the Plaintiff's pain Treatment.

14.) 4/15/10 Defendant (Felipe A. Arias) The Regional Director who has never examined the Plaintiff made the decision to stop the Plaintiff's pain treatment.

15.) 4/20/10 Defendant (DO. Zora) place's the Plaintiff on (Methocarbamo 750mg) & (Indocin) for pain Treatment (John Zora), the Methocarbamo is a muscle relaxer and the Indocin is used to treat patient's with gout and is not to be used no longer than 7 day's for any other pain. the Plaintiff also has been put on an antipsychotic (Elviel) for pain treatment, also the Defendant has dc'ed the Plaintiff's seizure med (Kolibine).

16.)5/13/10 Finally the Plaintiff is seen on Doctor Line by the Defendant(Bruce Blatt)who state's he dose'nt care hqw much the Plaintiff is in,The Plaintiff will have to learn to live with or in pain. Because the Defendant will not place the Plaintiff back on previous pain Treatment.

17.)5/18/10 The Plaintiff receive's a DC-141 Misconduct for refusing to work,disobeying a derect order,and being in unaurthorized area,this was because the Medical Department did'nt enter the Plaintiff's restriction's in to the Institution's computer.Due to the fact that the Plaintiff can not work,The kitchen supervisor(Mr.Gotton) released the Plaintiff from work on 3/14/10.

18.)5/25/10 The Plaintiff is sent back out to the Defendant)Chris- or J.Bruce)who stated that he had the Plaintiff schuled for surgery ~~EEEE~~ last year,the Plaintiff after reviewing his Medical file's now see's the deciet of the Defendan(Md.Bruce).The Defendant has submitted his fineial recommendation that extensive surgery must be done,this by it's self make's the Plaintiff wounder if the Defendant is able to perform such a surgery.Also he state's that the Plaintiff's Abdomenial visera is not in the Abdomenial Cavity,but he still state's there's no true hernia and he reconmend's no surgery.

19.)6/23/10 Defendant(MD.Stefinoc)return's,The Plaintiff is seen by Defendant(Stefinoc)he lost his postition as Medical Director.Defendant(MD.Blaatt)is the new Medical Director and is the only person who can restore the Plaintiff's pain Treatment which did help the Plaintiff to bear with the Pain that he experance's every day,What the Plaintiff receive's now dose nothing but make's the Plaintiff gain weight.

20.)7/5/10 The Plaintiff never received a pass for Doctor's Line two day's latter Defendant(MD.Blatt) saw the Plaintiff on Doctor's Line,this appointment showed the Plaintiff that the Defendant dose- nt go by the code of ethic's that as a doctor must be practiced, The Defendant(MD.Blatt)had an-female Officer in the examinerroom while the Defendant had the Plaintiff show the bulge inwhich is in the upper left groin.Not only did he voilate the Plaintiff's right's the Defendant vviolated the oath that he took when becomeing a Doctor,as well as the Plaintiff Amendment~~er~~right's.This was an inten- ially done by the Defendant,He also placed Officer in a spot to used as a wittness in favior for the Plaintiff.

21.)7/13/10 the Plaintiff seen at sick call by(PAC.PCCKLAVIGE)who told the Plaintiff that the Defendant(MD.Blatt)had standing orders

22.) 7/26/10 The Plaintiff has had to place a Motion for Reconsideration into the (Chief Magistrate Judge [Susan Paradise Baxter] for the Western District), so that the Plaintiff could receive his Transcript's from the Settlement Hearing. The outcome was that the Reconsideration was Granted, but all other Motion's were denied. Due to the fact of the written contract which could be seen in favor for the Plaintiff to receive Surgery, or it could be seen to be interpreted any way the Defendant's would like to interpret the Contract. The Quasi Contract has not been fulfilled that the Plaintiff would be treated by Temple Hospital. Exhibit attached as,

23.) 7/26/10 to 8/17/10 The Plaintiff is scheduled for PA Line with (PA. Wahmack), so the Plaintiff could get his Toe Nail's Clipped. Every time the Plaintiff is scheduled for PA Line it's for the same reason. If the Plaintiff ask or try to tell of the pain that he is in, he's told to put in a sick call slip. Also the plaintiff has been waiting for an Abdominal Binder that was ordered back in April 2010, which the Plaintiff has not received and is made to keep wearing the Binder which he has had for almost a year which is of no support what so ever.

24.) 8/30/10 to 9/17/10 Again up to this date the Plaintiff has only been seen by sick call, which some of the Defendant's and (PA's) who can be witness's for the Plaintiff. The Plaintiff ask the court to Subpoena, exhibit Attached list. Also the Plaintiff is a (Chronic Care Patient) According to the D.O.C., A.M.D. rules the Plaintiff is not to be charged for any Medical Co-pay. The Plaintiff has been charged for Medical Co-pay, Exhibit Attached, also when the Plaintiff has never had his vital's checked at sick call or at Doctor's Line.

25.) 9/17/10 The Plaintiff after entering the Motion for Reconsideration, Motion to Compel, and the Motion for Transcript's. The Defendant's had the Plaintiff see a Physical Therapist, the appointment, was no longer than 15 min's. the Therapist told the Plaintiff how to do certain exercises. Also he didn't lie to the Plaintiff instead the Therapist informed the Plaintiff that surgery would be the only way to fix the Distendant Abdomen that the Plaintiff suffer's from, the Therapist also explained that while the Plaintiff is incarcerated the D.O.C. wouldn't do any thing to help the Plaintiff and that the pain that the Plaintiff experience's would only increase if nothing is done. The Plaintiff has'nt had an Appointment with the Physical Therapist since that day/

26.) 9/17/10 Up to this date the Defendant's have choose to ignore the plea's of the Plaintiff, The Defendant's have Deliberately cut the Plaintiff's Seizure & Hypertension Medication, and the so-called pain treatment that the Defendant's have the Plaintiff on (Eliveal) is an Anti-Physotic used to treat Depers ion, and used for nerve Problem's. Since the Plaintiff being on this medication it has caused the Plaintiff to gain weight which cause's the Plaintiff a multitude of stress to the Plaintiff's back which has several degenerated disk with in the Lumbar spine. The Defendant's have choose to go with the recommendation of Defendant (Christor J. Bruce) who's recommendation is from a CT Scan that was taken in (0 (0. The Plaintiff has been told that even though he's a Chronic Care Patient he wont be seen until 12/4/10 which is on the weekend, when there's no Doctor's Avail is, This dose not seem like community Standard Health Care. The D.O.C. Hand Book state's that Chronic Care Patient's are to be seen every 30 day, By making the Plaintiff wait for 6 month's to be seen on Doctor's Line Constitue's as Deliberate Indiferance.

27.) The Plaintiff has to ingest the following to help the Plaintiff, Due to the Complex and decrease of the Plaintiff's Health.

1. Magnesium Oxide (Immune Deficiency)
2. Coreg (Congestive Heart Failure)
3. Vasotec (Congestive Heart Failure)
4. Prilosec OTC (Heart Burn & Acid Reflux)
- 5.) Lovastatin-Lipitor (Cholesterol)
6. Lasix (Fluid Retention and Sodium Extrator)
7. Aldactone (Fluid Retention result of Congestive Heart Failure)
- 8.) Benadryl (Devated Septum)
- 9.) Colace (Stool Softner)
10. Gabapentin (Nerve Surpressor)
11. Phenabactol (Seizure Disorder)
12. Multi Vitem (Help to place vitem, due to Immune
13. Elveil (Anti-Physotic) for depression
14. Milk of Magnesia (Bowie Movement)
15. Konsyl S/F-Metamucil (fiber)

The Plaintiff still suffer's from a Seizuer Disorder and a Complex of syptom's which the Defendant's have choosen to Deliberately ignore, and violated the Plaintiff's 1rst, 8th and 14th Admindement Right's.

CAUSE'S OF ACTION

1. Defendant's Deliberate Indifference to the Plaintiff's severe Physical pain to which they refuse to treat.
2. Defendant's Deliberate Indifference Knowing the Plaintiff suffer's from GI. Problem's and Devoted setum has Placed the Plaintiff in situation's to where the Plaintiff was in danger.
4. Defendant's have and are being Deliberately Indifferent to the Plaintiff's pain and need of Immediate Medical Attention.

PRAYER FOR RELIEF

1. Declare that the act's and omissions described herein violate's Plaintiff's right's under the Constitution and Law's of the United States.
2. Enter preliminar and permanet Injunction's Ordering Defendant's, Successor's and Agents to protect the Plaintiff, and implement and adequate system and restore the Plaintiff back to his previous pain Treatment.
3. Enter Judgement in favor of the Plaintiff for mominal, Compesatory and Punitive Damages, as allowed by law against each Defendant Jointly and severally, for Crule an Unuesial Punishment, Deliberate Indifference, and mental anguish. \* failure to Due-process ing, which the Plaintiff is intitled to by law.
4. Oder such Additional relief as the Court see's fit, the Plaintiff request the court to release the Plaintiff from the care of the Department of Correction's, due to the fact that Plaintiff has already tried to deal with this issue in the past.

Respectfullt Submitted

*Eric Dickerson*

E. Eric Dickerson Gy-6064  
P.O. Box 244

Graterford Pa. 19426-0244

Date:

Pursant to 28 U.S.C. 1746 I Declear under penalty or perjury that the fact's in Following are true and correct.

Eric Dickerson

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

ERIC DICKERSON  
Plaintiff

VS.

SCI GRATERFORD,  
MERCY SUBERTION HOSPITAL,  
PRISON HEALTH CARE SERVICES,  
BUREAU OF HEALTH CARE SERVICES,  
DEFENDANT'S Et, Al.

**LETTER OF DECLARATION**

Now comes the Plaintiff Declaring that the the Plaintiff claim's apply's to all Defendants.

Any claim based upon an act, or implantation, of any employee of the government exercising due care, in the execution of a statute or regulation be vaild or based upon the exercise or perform a disccreionary function or duty on the part of a Federal Agency or an employee of a Company that Representating any part of any Government or State Facility.

The Plaintiff submitt's this letter of Declaration to help show just cause for the Plaintiff to bring these claim's, and fact's before the Honorable Court.

Wherefore the Plaintiff request for the Honorable court to review the Plaintiff's claim's.

*Eric Dickerson L.*  
RESPECTFULLY SUBMITTED  
ERIC DICKERSON GY-6064

ERIC DICKERSON  
PLAINTIFF

VS

THE DEFENDANTS OF THE COMMONWEALTH  
MERCY SUBERATIN HOSPITAL  
PRISON HEALTH CARE SERVICES  
SCI.GRATERFORD  
THE DEFENDANTS Et.Al.

CERTIFICATE OF MERIT

I Eric Dickerson, THE PLAINTIFF THAT IS BRINGING THIS CLAIM AGAINST SAID DEFENDANTS. DO HEREBY CERTIFY THAT I AM OF SOUND MIND, AND OF DETERATING HEALTH SUBMITTS THIS CERTIFICATE OF MERIT TO SHOW THAT Eric Dickerson HAVE TRYED TO RESOLVE THE ISSUE OF BEING DENIED HEALTH CARE BY SUBMITTING REQUEST SLIPS, SICK CALL SLIPS, AND GRIEVANCES.

Eric Dickerson HAVE ALSO PUT IN APEALS TO THE SUPERINTENDANT, AND TO THE CENTERIAL OFFICE. Eric Dickerson HAVE WAITED FOR MANY ANSWERS FROM THE MEDICAL DEPARTMENT, AND FROM THE Superintendant, AS WELL AS THE CENTERIAL FOR SEVERIAL OF THE GRIEVANCES THAT HAVE BEEN SUBMITTED TO EACH LEVEL. ACCORDING TO THE PRSION LIGATION REFORM ACT I HAVE FOLLOWED EVERY STEP AS SURPOSE TO BE FOLLOWED. EVEN ALL GRIEVANCES THAT HAVEN" T BEEN ANSWERED HAVE WENT THROUGH EACH LEVEL.

I Eric Dickerson, DO HEREBY AFFRIM THAT ALL THAT HAS BEEN SUBMITTED ABOUT EACH DEFENDANT IS TRUE, AND FURTHER COME TO UNDERSTAND THAT ANY FALSE INFORMATION CAN AND WILL BE HELD AGAINST ME. I FURTHER UNDERSTAND THAT I CAN BE CHARGED WITH PURGATORY AND I CAN BE HELD ACCONTABLE FOR MY ACTIONS.

RESPECTFULLY SUBMITTED  
ERIC DICKERSON GY-6064

Eric Dickerson

DATE: 12/5/10

AFFIDAVIT IN SUPPORT

I ERIC DICKERSON do hereby Affirm that I have submitted all Grievance's to the third level weirth responded to or not responded to, I have tried to settle the matter with in the Institution of SCI Graterford.

I have even went as far as to submitt an letter brief into the Western District court to the [CHIEF MAGISTRATE JUDGE, SUSAN PAR\_DISE BAXTER] for a Reconsideration, Transcript's, and for the CHIEF MAGISTRATE JUDGE to compeal the Defendant's of SCI GRAT\_ERFORD and the Defendants of Prison health care services, bureru of health care services, as well as the Defendants of Mercy sub-rtian Hoospital.

I the Plaintiff did not include these Motion's due to the fact that they have case log included in these dockerment's.

Nor did I include any of the grievances because by entering ths is Affidavit of support should be adquite, since the burden of proof lje'sv on the Defendants.

At any time should the Court require the Plaintiff to bring forth any of the Grievances, the Plaintiff will be more than hap-py to submitt such.

I ERIC DICKERSON, do affirm that I being rthe Plaintiff have tryed everything to resolve this claim of Deliberate Indifference only to receive canceled appointment's and denial to be seen on Doctor's Line, by the Defendants.

RESPECTFULLY SUBMITTED

*Eric Dickerson*

ERIC DICKERSON L.

GY-6064

DATE: 12/5/10

HAMOT MEDICAL CENTER

201 STATE STREET • ERIE, PENNSYLVANIA 16550

Beard Gregory K.  
 OPERATIVE REPORT

DATE OF SURGERY: 05/26/2005

PATIENT NO: 000016646952

NAME: Dickerson, Eric

MR NUMBER: 53-02-89

DATE OF BIRTH: 01/16/1969

## PREOPERATIVE DIAGNOSIS:

1. Abdominal compartment syndrome.
2. Severe sepsis.

## POSTOPERATIVE DIAGNOSIS:

1. Abdominal compartment syndrome.
2. Severe sepsis.
3. Negative abdominal exploration and closure.

OPERATIVE PROCEDURE: Exploratory laparotomy, culture of peritoneal cavity, and closure of Bogota bag, abdominal wall repair.

SURGEON: G. Beard, DO

ANESTHESIA: General endotracheal.

ESTIMATED BLOOD LOSS: Minimal.

GROSS FINDINGS: Exploration of the abdominal cavity was performed after removal of the Bogota bag. The small and large bowel, and regions, which could be identified, appeared grossly normal. There was evidence of what appeared to be some mild dilation secondary to ileus. There was definitely a large amount of gas within the entire colon. There were no palpable abnormalities. I saw no evidence of abscess or intra-abdominal processes. The liver appeared grossly normal. The stomach appeared grossly normal. The bladder contained a Foley catheter. Cultures were obtained and sent for analysis. Again, the remainder of the exploratory laparotomy was negative. I saw no other abnormalities.

OPERATIVE TECHNIQUE: Under general anesthesia, with endotracheal intubation, after the patient was identified as Eric Dickerson, he was prepped and draped in the usual, sterile fashion in supine position.

Patient Name	Dictated By	MR NO.	Room	Disch Date
DICKERSON, ERIC	BEARD, GREGORY K.	530289	MICUN55103	
Document Number	Date Dictated	Date Transcribed	Type of Report	
I P	052605	052705	Op. Report	Page 1
HAMOT MEDICAL CENTER . 201 STATE STREET . ERIE, PA 16550 . 814/877-6000				

001610

**HAMOT MEDICAL CENTER**

201 STATE STREET • ERIE, PENNSYLVANIA 16550

Fortna Sandra J  
CONSULTATION REPORT

DATE OF CONSULT: 05/27/2005

PATIENT NO: 000016646952

NAME: Dickerson, Eric

MR NUMBER: 53-02-89

DATE OF BIRTH: 01/16/1969

REFERRING PHYSICIAN: Daniel J. Barbero, MD

CONSULTANT: Sandra J Fortna, MD

REASON FOR CONSULTATION: Persistent fevers and leukocytosis.

HISTORY OF PRESENT ILLNESS: This is a 36-year-old black male who was incarcerated in Albion Correctional Institution, who apparently was admitted to Millcreek Community Hospital on 5/14/05, for a few days of upper respiratory infection symptoms as well as chest pain associated with some shortness of breath.

His course there was significant for deterioration with SVT, leukocytosis, and progressive increasing BUN and creatinine with decreasing urine output. He also has periods of hypotension and increased LFTs consistent with shock and shock liver. He was apparently treated with some Unasyn therapy. Because of the need for hemodialysis and more invasive monitoring, he was transferred to Hamot Medical Center on 5/17/05. He was immediately intubated. He was given a run of dialysis. He was noted to have increased cardiac enzymes, but cardiology felt that this was not secondary to an MI. He had numerous electrolyte abnormalities. He was noted to have a distended tender abdomen and temperature was 104.1. His white count was 19.1. Chest x-ray showed bilateral infiltrates consistent with ARDS. His blood cultures did show Klebsiella and he was treated with numerous antibiotics over the next week to week and a half. These included Zosyn, Cipro, Flagyl, Azithromycin, Vancomycin, IV and PO.

He was monitored in the intensive care unit. A CT scan of the abdomen was not particularly significant, but bladder pressures continued to rise consistent with abdominal compartment syndrome. He therefore went to the operating room on 5/18/05 for exploratory laparotomy, which required decompression of a massively dilated transverse colon and Bogot bag placement. He was taken back to the operating room the following day on

Patient Name	Dictated By	MR NO.	Room	Dsch Date
DICKERSON, ERIC	FORTNA, SANDRA	530289	MICUN55103	
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I. P.	052705	052805	Consult	Page 1

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5/19/05 for Bogot bag change and cultures were done at that time, which were negative.

At this time, the patient, I believe, was on Zosyn, possibly Cipro and Flagyl therapy.

His postop complications include Anasarca, coagulopathy, thrombocytopenia, systemic inflammatory response syndrome, continued respiratory failure with ARDS and renal failure. He did require CVVHDF postoperatively up until 5/25/05. He was also placed on TPN therapy. He continued to have occasional fevers, although he did apparently improve some and on 5/20/05, his antibiotics were narrowed to Ceftriaxone. He did have some mild leukocytosis, but after 5/20/05, this started to increase further, peaking to a value of 51.4 on 5/23/05. At this point he was re-cultured but the cultures were unrevealing, but he was changed back to Vancomycin, both IV and PO, Zosyn and Flagyl therapy.

His white count now seems to be decreasing. Yesterday, he was taken back to the operating room for abdominal wound closure, again, cultures were obtained that were unrevealing. He continues to have intermittent temperature spikes with a baseline of low-grade temperatures and still some residual leukocytosis. Infectious Disease is asked to see the patient to comment on further antibiotic therapy.

Currently the patient remains intubated on Ativan and Fentanyl therapy. He is undergoing regular hemodialysis today.

PAST MEDICAL HISTORY: Includes obesity, seizures and back pain.

ALLERGIES: He apparently has problems with Dilantin and Tegretol. I am not sure what the reactions are, but apparently he has no antibiotic allergies.

PHYSICAL EXAMINATION reveals a well developed, obese black male who is unresponsive on the Fentanyl and Ativan. He is intubated. Temperature baseline is in the 99s to 100s. He occasionally spikes to 101.8 and 102. His heart rate is 110. His blood pressure is stable. There is only a small amount of sputum suctioned from the ET tube. Urine output is marginal despite the need for dialysis. He currently has a right subclavian dialysis catheter without any erythema or discharge at the exit site. He has a triple lumen left subclavian catheter and right brachial A-line, a Foley and he also has a Penrose drain in his lower abdominal wound. Skin shows no rashes. HEENT: Normocephalic and atraumatic.

Patient Name	Dictated By	MR NO.	Room	Dsch Date
DICKERSON, ERIC	FORTNA, SANDRA	530289	MICUN55103	
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Note: Medications may have more than one name. Please check with your physician before taking any other prescription, over-the-counter, vitamin, or herbal remedies.

\*\*\* This form is provided to help you and your doctors stay informed about what medication you are currently taking. A good faith effort was made to determine your medications prior to this hospitalization, however it is strongly suggested that you verify the medications and doses with the original prescriber at the earliest possible date and continue under their direction.

DICKERSON, ERIC L

ALLERGIES: TEGRETOL TEGRETOL PHENYTOIN HEPARIN

DSC MEDS

Continue to take CARVEDILOL (COREG) 25 MG  
BY MOUTH 2 X DAILY  
LAST DOSE GIVEN:  
Continue to take home supply as directed

Continue to take VASOTEC 2.5 MG  
BY MOUTH 2 X DAILY  
LAST DOSE GIVEN:  
Continue to take home supply as directed

Continue to take KLONOPIN 2 MG  
BY MOUTH 2 X DAILY  
LAST DOSE GIVEN:  
Continue to take home supply as directed

Continue to take PHENOBARBITAL 90 MG  
BY MOUTH 2 X DAILY  
LAST DOSE GIVEN:  
Continue to take home supply as directed

Continue to take ALBUTEROL INH 1-2 PUFFS  
BY MOUTH [ ]  
LAST DOSE GIVEN:  
Continue to take home supply as directed

Continue to take MAG OX 800 MG  
BY MOUTH 2 X DAILY  
LAST DOSE GIVEN:  
Continue to take home supply as directed

Continue to take FUROSEMIDE (LASIX) 40 MG  
BY MOUTH DAILY  
LAST DOSE GIVEN:  
Continue to take home supply as directed

Continue to take DIGOXIN (LANOXIN) 0.125 MG  
BY MOUTH DAILY  
LAST DOSE GIVEN:  
Continue to take home supply as directed

=====GROUP CONTINUED=====

Patient and/or Pt Representative verbalizes/demonstrates understanding of instructions. Questions answered to satisfaction.

Check here if these instructions given by interpreter.

Signature of Interpreter & Date

Signature of Physician/Nurse & Date/Time

Signature of Patient/Pt Representative & Date

DICKERSON, ERIC L SEX: M 37  
BEARD GREGORY K 01/16/1969  
MR#: 530289 PT#: 260345319  
3-SO  
5326-01

Patient Meds At Discharge  
as of 04/29/06 12:51

Hamot Medical Center

000463

FORM NO 21-211 (REV 5-76)



### Exercise Stress with Perfusion Imaging

Date of Test: Dec 2 2005

MRN: 530289

RE: Eric Dickerson *0238+M*

DOB: 1/16/1969

Dear Dr. David M. Strasser :

Mr. Eric Dickerson underwent exercise stress testing with radionuclide perfusion imaging today to evaluate congestive heart failure. Coronary risk factors include former tobacco use.

Under the supervision of Dr. Paul Demjanenko, the patient was exercised according to the Bruce Protocol, for 9 minutes (stage 3) with an estimated workload of 10.4 Mets. The test was terminated because of satisfactory cardiac workload. The patient experienced symptoms of dyspnea. Mr. Dickerson did not experience chest pain with stress. The heart rate was 71 bpm at rest and reached 160 with exercise which is 87% of predicted maximum. The blood pressure at rest was 128/80 and reached 188/80 at peak exercise which is a normal response. The double product obtained was 30080.

The resting ECG demonstrated sinus rhythm and non-specific ST-T wave changes. The ECG with exercise was negative.

The patient was injected with 8.8mCi of Tc Sestamibi Intravenously at rest. The heart was imaged using SPECT acquisition technique per protocol. The patient was injected with 35.6mCi of Tc Sestamibi at peak stress. The heart was then imaged by gated SPECT acquisition technique. Diaphragmatic artifact was seen which decreased the sensitivity of the test. In summary, the perfusion images were normal. There was a fixed LV cavity dilation noted. Gated wall motion analysis demonstrated global wall hypokinesis. The left ventricular ejection fraction is visually estimated to be 35%.

#### Summary

1. Negative ECG with exercise at high workload.
2. No chest pain with stress.
3. Normal chronotropic and blood pressure response.
4. No Dysrhythmia seen with stress.
5. Normal myocardial perfusion scan with abnormal LV wall motion.
6. Left ventricular ejection fraction is an estimated 35%.
7. Diaphragmatic artifact was seen which decreased the sensitivity of the test.
8. Clinical Correlation Recommended.

Dr. Strasser, thank you for the opportunity to participate in the care of Eric Dickerson. Please advise if we can provide any further information.

Sincerely,

(Electronically Signed)

Dr. David M. Strasser

Dr. Paul Demjanenko

cc: Dr. Mark D. Baker

Dr. Mark Baker  
Medical Director

*166 good; but may not clinically significant*  
*12-2-05*  
*112*

FAX RECEIVED

DEC 02 2005

PHS 000178

TOTAL P.02

1-16 64  
**HAMOT MEDICAL CENTER** 192 54 2787 201 STATE STREET • ERIE, PENNSYLVANIA 16550

**PATIENT TRANSFER INFORMATION**

Patient Name: <u>ERIC DICKERSON</u>	Transferring Facility: <u>Hamot Medical Center</u>
Date of Transfer: <u>06/09/05</u>	HMC Physician & Phone: <u>DR. DEJOYA - 877-6000</u>
Transferred to: <u>ALBION SCF</u>	HMC Nurse & Phone: _____
Accepting Physician & Phone: _____	HMC Case Manager & Phone: <u>TIM MIKOTOWICZ BSCAC</u> <u>877-4172</u>
Accepting Nurse & Phone: _____	PCP: _____
Principle Diagnosis: <u>ARF, Acute MI</u>	Insurance: <u>Jawad A. Salameh, M.D.</u>
Reason for Transfer: _____	Emergency Contact Name & Phone: _____
Mode of Transport: <u>AMBULANCE</u>	
Report Given to _____ at _____ am/pm	

Condition of Patient at Time of Transport: ☐ Good ☒ Fair ☐ Stable ☐ Guarded ☐ Critical

**COMPLETE PAGE 4 FOR INFANT TRANSFERS**

Procedure(s): 5/18 decompression, transverse colon, 5/18 - 6/7 dialysis 5/19 - 6/8 intubated

PMH/PSH/Significant Tests: Stomach, respiratory disorder, asthma.

ALLERGIES: tylenol, tegretol, Dilantin HEIGHT: 6ft WEIGHT: 326

ISOLATION PRECAUTIONS: MDRO RELIGION: \_\_\_\_\_ CODE STATUS: full

ORGAN DONOR: Y/N LIVING WILL: Y/N DURABLE POWER OF ATTY: Y/N

VITAL SIGNS						
TIME	T	P	BP	O <sub>2</sub> SATS	PAIN #	

877-6684  
 men Boris

1/1 Fax D/c

Summary  
 HAMOT


IV'S: <u>PERIPHERAL</u> CENTRAL SALT	ENTERAL
LOCATION: <u>Rt wrist</u> SIZE: _____	I-TUBE
DATE INSERTED: <u>6/6</u>	
IV FLUID: <u>D</u> RATE: _____	
DIALYSIS: HEMO PERIT	
ACCESS: SHUNT FISUTLA SUBCLAVIAN	
SITE: _____	

DYSPHAGIA: Y/N YES speech oral

If applicable, please check:

Do you intend to care for patient after discharge? ☐ Yes ☐ No

If patient returns, will you be the attending physician? ☐ Yes ☐ No

<b>DICKERSON</b>	16646952
ERIC 36Y M 01/16/1969	
DEJOYA GERMAN D	
10745 RT 18	
ALBION PA 16401	N55103
	530289

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NURSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Hamot**  
 Page 1 of 4

601608

WE APPRECIATE YOUR COMMENTS. IF YOU RECEIVE A SURVEY IN THE MAIL, PLEASE COMPLETE AND RETURN.

<b>ACTIVITY:</b>		May drive in <u>11</u> weeks.	No lifting more than <u>10</u> lbs.
		May/may not use stairs, (circle one)	
<input type="checkbox"/> Activity as doctor orders			
<b>QUIT SMOKING:</b>			
<input checked="" type="checkbox"/> I am a non-smoker		<input type="checkbox"/> I have not smoked in over 6 months	
<input type="checkbox"/> I am a smoker – Quitting now lowers my chances for a future heart attack, stroke and for other life shortening illness.			
(Call the PA Free Quit Line 1-800-784-8669 for help to quit.)			
<b>EAT A HEALTHY DIET:</b>		I was given information on my diet: <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Low Cholesterol/Low Fat Diet	
		<input type="checkbox"/> Low Sodium Diet <input type="checkbox"/> Diabetes Diet	
<input type="checkbox"/> Other:		<input type="checkbox"/> Increase calories and protein <input type="checkbox"/> Renal Diet	
<b>LEARN ABOUT YOUR HEALTH</b> - I have been given information about my health or condition:			
<input type="checkbox"/> Discharge medications list		<input type="checkbox"/> Medication monographs <input type="checkbox"/> Lovenox Vaccine requested/given:	
<input type="checkbox"/> Coumadin		<input type="checkbox"/> Flu (Oct. - Mar.) <input type="checkbox"/> Pneumonia Date _____	
Next INR (blood test) is _____. Results will be reported to Dr. _____.			
*Call the doctor's office if not contacted about Coumadin dose by 4PM on day of your blood test.			
<input type="checkbox"/> Heart Owner's Manual		<input type="checkbox"/> Thyroidectomy	
<input type="checkbox"/> Total Hip Book		<input type="checkbox"/> Total Knee Book	
<input type="checkbox"/> Bowel Surgery		<input type="checkbox"/> Gall Bladder Surgery (Chole)	
<input type="checkbox"/> Appendectomy		<input checked="" type="checkbox"/> Herniorraphy	
<input type="checkbox"/> Neurosurgery handout:		<input type="checkbox"/> Mastectomy	
		<input type="checkbox"/> Laparoscopic Gall Bladder (Lap Chole)	
		<input type="checkbox"/> Lap Herniorraphy	
		<input type="checkbox"/> Bariatric Folder	
		<input type="checkbox"/> Other	
<b>WOUND / DRAIN CARE:</b>		<input type="checkbox"/> J/P Drain	
<i>Change wound dressing with antibiotic ointment. Wear binder at all times. Staples out. I will have physician check.</i>			
<b>Other Medical Conditions:</b>		Please contact your PCP (family doctor) regarding these medical conditions.	
<input type="checkbox"/> Diabetes Survival Skills		<input type="checkbox"/> Call (814) 877-6130 for further outpatient diabetes education	
		<input type="checkbox"/> Stroke Book/ Warning Signs	
		<input type="checkbox"/> Heart Failure/Calendar	
		<input type="checkbox"/> Other	
<b>FOLLOW-UP APPOINTMENTS:</b> (see reverse side for address)			
HAMOT SHOCK TRAUMA / 104 EAST 2ND ST. GENERAL SURGERY CLINIC			
Dr. <u>Acosta</u>	Date: <u>4/29/06</u>	Time: <u>Call page 1</u>	Phone: <u>(814) 877-7054</u>
Dr. _____	Date: _____	Time: _____	Phone: _____
<b>OUTPATIENT TESTS:</b>		<input checked="" type="checkbox"/> LOCATION (see reverse side for address)	
Name of Test	Date/Time	HHI	Cardiac Fitness
		HMC	Imaging Ctr
			Other
<b>COMMUNITY SERVICES/HOME HEALTH CARE/REHAB SERVICES:</b>			
Agency: _____		Phone #: _____	
Agency: _____		Phone #: _____	



I have had all my questions answered and I understand the directions above for my care at home:

Phone number where I can be reached after discharge: \_\_\_\_\_

X [Signature] 4/29/06  
Signature of Patient/Representative Date

X [Signature] 4/29/06  
Signature of Physician / Nurse Date

Interpreter's Signature (if used) \_\_\_\_\_

<b>DICKERSON</b>	
ERIC BEARD GREGORY K 530289	260345319 OT 37Y M 01/16/1969 OPS S32601 MDRO ADM 04/21/06
 	

White to Medical Record Canary Copy to \_\_\_\_\_

sician

**PATIENT DISCHARGE  
INSTRUCTION SHEET  
SURGICAL**

D-1-150C (1-13-06)

BAR CODE


**Hamot**  
Erie, Pennsylv

000461

Nov. 22. 2006 10:47AM

PR

ISLE FAMILY MEDICINE

No. 3493

P. 1/5

**HAMOT MEDICAL CENTER**

201 STATE STREET • ERIE, PENNSYLVANIA 16550

**DISCHARGE SUMMARY****ADMITTED:** 04/21/2006**DISCHARGED:** 04/29/2006**NAME:** Dickerson, Eric L**MR NUMBER:** 53-02-89**PATIENT NO:** 000260345319**DATE OF BIRTH:** 01/16/1969**ADMITTING DIAGNOSIS:** Extensive ventral incisional hernia.**DISCHARGE DIAGNOSES:**

1. Extensive ventral incisional hernia.
2. Postoperative ileus.
3. Electrolyte imbalance.
4. Left pleural effusion.
5. Postoperative blood loss anemia.
6. Electrolyte imbalance.
7. Hypertension.
8. Seizure disorder by history.
9. Hypercholesteremia.
10. Reflux esophagitis.
11. Reactive airway disease.

**OPERATIONS:** Extensive ventral incisional hernia repair per Dr. Beard 4/21/06.**CONSULTATION:** Dr. Roman Bojewski for postoperative medical management.**HOSPITAL COURSE AND STAY:** The patient is a 37-year-old black male known to me from previous evaluation. He presents to Hamot Medical Center for elective extensive ventral incisional hernia repair.

The patient was admitted on 4/21/06 from the Albion Prison. He underwent the aforementioned operative procedure which he tolerated well. Postoperatively the patient was transferred to the general floor.

**COMPLICATIONS:** Included a postoperative ileus and electrolyte imbalance with iron deficiency anemia. All of these were tolerated well and treated conservatively. The patient responded nicely. By 4/29/06, was

PATIENT NAME Dickerson, Eric L		DICTATED BY Gregory K. Beard, DO		M.R. NO. 53-02-89	ROOM 3-SOS32601	DISCHARGE DATE 04/29/2006
DOCUMENT NUMBER 1390373	DATE DICTATED 04/29/2006	DATE TRANSCRIBED 05/02/2006	TYPE OF REPORT DISCHARGE SUMMARY		PAGE 1 OF 2	
HAMOT MEDICAL CENTER • 201 State Street • Erie, PA 16550 • 814/877-6000						

COPY TO: Gregory K. Beard, DO

000458

FORM #C-91-3-L (REV. 6/05)

Nov. 22. 2006 10:48AM

PRC E ISLE FAMILY MEDICINE

No. 8493 P. 2/E

**HAMOT MEDICAL CENTER**

201 STATE STREET • ERIE, PENNSYLVANIA 16550

ambulatory, tolerating regular diet, moving his bowels and having little discomfort. He was discharged to the SCI Albion in stable condition.

The patient to follow up in my office for routine examination. They may remove his staples at SCI Albion. He is to resume his usual medications. In addition he was advised to take Percocet 5 1 or 2 p.o. q. 4 hours p.r.n. pain.

Unreviewed

Gregory K. Beard, DO

GKB/ch DD: 04/29/2006 DT: 05/02/2006 9:38 P

cc: Gregory K. Beard, DO  
 Roman E. Bojewski, DO  
 SCI Albion

073542

PATIENT NAME Dickerson, Eric L		DICTATED BY Gregory K. Beard, DO		M.R. NO. 53-02-89	ROOM 3-SOS32601	DISCHARGE DATE 04/29/2006
DOCUMENT NUMBER 1390373	DATE DICTATED 04/29/2006	DATE TRANSCRIBED 05/02/2006	TYPE OF REPORT DISCHARGE SUMMARY		PAGE 2 OF 2	
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COPY TO: Gregory K. Beard, DO

000457  
FORM 10-01-01 (REV. 5/99)

Nov. 22. 2006 10:48AM

PE... ISLE FAMILY MEDICINE

No. 8493... P. 3/E

HAMOT MEDICAL CENTER

201 STATE STREET • ERIE, PENNSYLVANIA 16550

## DISCHARGE SUMMARY

ADMITTED: 04/21/2006

DISCHARGED: 04/22/2006

NAME: Dickerson, Eric L

023542

MR NUMBER: 53-02-89

PATIENT NO: 000260345319

DATE OF BIRTH: 01/16/1969

Mr. Dickerson is a 37-year-old black male, an inmate at the Albion Prison. He was scheduled yesterday for repair of ventral hernia by Dr. Greg Beard.

**PAST MEDICAL HISTORY:** Cardiomyopathy, CAD, cardiac arrhythmia, asthma, hypertension, hyperlipidemia, seizure disorder.

**PAST SURGICAL HISTORY:** Remarkable for numerous laparoscopic surgeries in the past. He had surgery for abdominal compartment syndrome with Bogota bag during his last admission.

**MEDICATIONS:**

1. Coreg 25 mg daily.
2. Clonazepam 2 mg b.i.d.
3. Spironolactone 25 mg daily.
4. Benadryl 50 mg q.i.d. p.r.n.
5. Prilosec OTC 20 mg daily.
6. Lovastatin 40 mg daily.
7. Digoxin 0.125 mg daily.
8. Enalapril 0.25 mg daily.
9. Lasix 40 mg daily.
10. Magnesium oxide 400 mg 2 tabs daily.
11. Senokot 8 daily, Milk of Magnesia p.r.n.
12. Ferrous sulfate 325 mg t.i.d.
13. Albuterol inhaler 2 puffs q.i.d.
14. Phenobarbital 90 mg b.i.d.
15. Aspirin 81 mg daily.

**ALLERGIES:**

1. Dilantin.
2. Tegretol.

PATIENT NAME Dickerson, Eric L		DICTATED BY Bryant E. Bojewski, DO		M.R. NO. 53-02-89	ROOM 3-SOS32601	DISCHARGE DATE 04/22/2006
DOCUMENT NUMBER 1388612	DATE DICTATED 04/22/2006	DATE TRANSCRIBED 04/27/2006	TYPE OF REPORT DISCHARGE SUMMARY		PAGE 1 OF 3	
HAMOT MEDICAL CENTER • 201 State Street • Erie, PA 16550 • 814/877-6000						

COPY TO: Gregory K. Beard, DO

000458  
FORM #0-31-31L (REV. 6/86)

Nov. 22. 2006 10:48AM PRL ISLE FAMILY MEDICINE

No. 8493 - P. 4/E

**HAMOT MEDICAL CENTER**

201 STATE STREET • ERIE, PENNSYLVANIA 16550

**SOCIAL HISTORY:** Negative for tobacco, negative for alcohol.

**LABORATORY:** Prior to surgery reveals electrolytes as follows: sodium 139, potassium 4.4, chloride 102, CO2 23, BUN 13, creatinine 1.0.

White count was 6.1, hemoglobin 14.9, hematocrit 44.4.

Coags were normal.

EKG revealed normal sinus rhythm, no ischemic changes.

Echocardiogram revealed an ejection fraction of about 25%.

**PHYSICAL EXAMINATION:** Examination at bedside reveals an alert black male presently in no acute distress. He is complaining of some abdominal discomfort status post surgery. Temperature 98.8. Pulse 62. Respirations 18. Blood pressure 130/78. ENT exam reveals no jugular venous distention, no carotid bruits. Neck supple. Tongue is midline. Lungs were clear. Heart was normal sinus rhythm. I did not appreciate a murmur. Abdomen was obese with tenderness postoperatively. Good bowel sounds noted. There was no edema in the extremities. He does have sequential compression stockings on his lower extremities.

**IMPRESSION:**

1. Cardiomyopathy.
2. History of MI.
3. Hyperlipidemia.
4. Hypertension stable.
5. Status post ventral hernia repair.

**RECOMMENDATIONS:** I agree with DVT prophylaxis. I would add subcutaneous Heparin 5000 units every 12 hours. Continue with preoperative medications. Observe pulmonary toilet including a set of spirometry and hand held nebulizers. I would discontinue Foley catheter at this time and switch him to p.o. antibiotics. We will check lab work on him today since he has not had any postoperatively. I would also Heparin lock IV fluids and monitor his I/Os closely since he does have cardiomyopathy with a very poor ejection fraction.

173542

PATIENT NAME Dickerson, Eric L		DICTATED BY Bryant E. Bojewski, DO		M.R. NO. 53-02-89	ROOM 3-SOS32601	DISCHARGE DATE 04/22/2006
DOCUMENT NUMBER 1388612	DATE DICTATED 04/22/2006	DATE TRANSCRIBED 04/27/2006	TYPE OF REPORT DISCHARGE SUMMARY			
PAGE 2 OF 3						

HAMOT MEDICAL CENTER • 201 State Street • Erie, PA 16550 • 814/877-6000

COPY TO: Gregory K. Beard, DO

000459  
FORM #D-31-31L (REV. 5/95)

Nov. 22. 2006 10:48AM PRE. ISLE FAMILY MEDICINE

No. 8493 P. 5/E

HAMOT MEDICAL CENTER

201 STATE STREET • ERIE, PENNSYLVANIA 16550

Thank you for letting me participate with this patient.

Unreviewed

Bryant E. Bojewski, DO

BEB/ch DD: 04/22/2006 DT: 04/27/2006 2:28 P

cc: Gregory K. Beard, DO  
Bryant E. Bojewski, DO

0235m

PATIENT NAME Dickerson, Eric L	DICTATED BY Bryant E. Bojewski, DO	M.R. NO. 53-02-89	ROOM 3-SOS32601	DISCHARGE DATE 04/22/2006
DOCUMENT NUMBER 1388612	DATE DICTATED 04/22/2006	DATE TRANSCRIBED 04/27/2006	TYPE OF REPORT DISCHARGE SUMMARY	
HAMOT MEDICAL CENTER • 201 State Street • Erie, PA 16550 • 814/877-6000			PAGE 3 OF 3	

COPY TO: Gregory K. Beard, DO

000400

FORM 40-21-31 (REV. 8/99)





(a). A one-time payment of TWENTY THOUSAND DOLLARS AND ZERO CENTS (\$20,000.00) shall be paid jointly to plaintiff Eric Dickerson and his attorney, Mary Walsh, Esq. of the Institutional Law Project, by the Commonwealth of Pennsylvania by check.

(b). A one-time payment of TEN THOUSAND DOLLARS AND ZERO CENTS (\$10,000.00) shall be paid jointly to plaintiff Eric Dickerson and his attorney, Mary Walsh, Esq. of the Institutional Law Project, by the Prison Health Services by check.

2. In addition to the monetary consideration set forth herein, the Settling Defendants agree to the following items:

(a). Plaintiff will be transferred to the State Correctional Institution at Graterford (SCI-Graterford) as soon as practicable after signing the instant Settlement Agreement and Release. While this is not a temporary transfer, it should be noted that nothing in the instant settlement agreement should be construed to prevent the DOC from relocating Plaintiff in the future should that become necessary for legitimate penological purposes;

(b). Once at SCI-Graterford, Plaintiff will be seen by a cardiologist, a surgeon, and an anesthesiologist. These specialists will be seen in lieu of Plaintiff's previously scheduled appointments out of the State Correctional Institution at Albion. These specialists will have access to Plaintiff's CT-Scan images taken of Plaintiff on April 29, 2009;

3. Further, a review of Plaintiff's sick-call slips was undertaken by DOC counsel as per the oral settlement agreement reached on June 9, 2009. As discussed, this

review was conducted to ensure that Plaintiff was not charged co-pays for chronic care visits, in compliance with DC-ADM 820. It was determined that, from the beginning of this case to date, Plaintiff has only been charged for one (1) medical co-pay (charged on April 22, 2009). The amount of that co-pay (\$5.00) has been refunded to Plaintiff. (See Attachment A).

4. It is agreed and understood that plaintiff ERIC DICKERSON is solely responsible for the tax liabilities and consequences, if any, related to his receipt of settlement monies under this Release, and Settling Defendants shall bear no responsibility for such liability or consequences, if any.

5. In exchange for the above-described consideration, plaintiff ERIC DICKERSON agrees to dismiss with prejudice the action filed in the United States District Court for the Western District of Pennsylvania, at Civil Action No. 06-289E, as well as any other civil actions, administrative litigation, grievances or claims that may be pending and which relate to Plaintiff's confinement in the DOC and/or treatment by PHS up to the date of this Release. Paragraph 5 is not to be construed to limit ERIC DICKERSON'S right to maintain pending PCRA petitions.

6. This Settlement Agreement and Release is in compromise of a disputed claim or claims embodied in the aforesaid complaint filed by Plaintiff, and is not an admission of liability or wrong-doing on the part of the Settling Defendants.

7. Plaintiff ERIC DICKERSON and the Settling Defendants agree not to publicize or disclose the terms of this Settlement Agreement and Release, except as required by law and/or necessary to facilitate and/or defend the settlement terms.

8. It is further agreed and understood that if any term, condition or provision

of this Release shall be determined by a court of competent jurisdiction to be void or invalid, then only such term, condition or provision determined to be void or invalid shall be stricken from the Release, and the remainder of the Release shall continue in full force and effect in all other respects. This Release shall be interpreted in accordance with the laws of the Commonwealth of Pennsylvania.

9. This Settlement Agreement and Release may be executed simultaneously in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same Settlement Agreement and Release. Facsimile signatures shall also be deemed to be the same as an original signature.

10. Mary Walsh, Esq., the Community Justice Project, and/or Institutional Law Project as counsel for plaintiff Eric Dickerson in this action, acknowledges and agrees by her signature below that any claim by her for reasonable attorneys' fees under all relevant statutory provisions is being satisfied through this settlement agreement and the sum paid hereunder.

11. Eric Dickerson, his assignors, assigns, employees, attorneys, agents, servants, officers, directors, parents, subsidiaries, predecessors, and successors in interest, expressly waive any claim for attorneys' fees, costs and interest that they have under any federal or Pennsylvania statute, or under the statute of any state or the common law of any state or under federal common law, including without limitation, under 42 U.S.C. §1983, 42 U.S.C. §1988, 42 U.S.C. §1997e and any other federal, state statute or common law principle which permits him to recover for attorneys' fees, costs and interest against Prison Health Services, Inc., its agents, representatives, attorneys, employees, servants, and insurance companies from the beginning of time to the date of this

Settlement Agreement. This waiver of any claim for attorneys' fees, costs and interest by Eric Dickerson and his attorneys constitutes a material condition of this Release. Prison Health Services, Inc. would not have entered into this Release and agreed to pay the amounts set forth herein without this waiver of attorneys' fees, interest and costs.

**IT IS ACKNOWLEDGED, UNDERSTOOD AND AGREED,** that this Settlement Agreement and Release of all claims, with due regard for the pertinent provisions of the Commonwealth Attorneys Act, is not, cannot and shall not be construed to be a consent decree. Plaintiff retains the right to re-file this suit after its dismissal pursuant to the terms of this Release in the event that the Settling Defendants fail to fulfill the material terms of this settlement agreement, with the acknowledgment that any and all of his claims for damages and attorneys fees have been satisfied up to and including the date on which he signs the aforesaid settlement and release of all claims by the consideration provided therefore.

**IT IS ACKNOWLEDGED, UNDERSTOOD AND AGREED,** that this **SETTLEMENT AGREEMENT AND FULL AND FINAL RELEASE OF ALL CLAIMS** contains the entire agreement between plaintiff Eric Dickerson and the Settling Defendants in these actions, and its terms are contractual and not a mere recital.

I, Eric Dickerson, further state that I have read carefully the foregoing document, know and understand its contents and sign the same as my free and voluntary act with the intent to be bound by its terms, and that I have conferred with counsel concerning its terms and the consequences of my signature.

07/22/2009 11:51 4345706

CJP

PAGE 03

**IN WITNESS WHEREOF AND INTENDING TO BE LEGALLY BOUND,**

Eric Dickerson and Mary Walsh, Esq. (as to ¶ 10) have accordingly set their hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

**CAVEAT - PLEASE READ BEFORE AFFIXING YOUR SIGNATURE.**

7/20/09  
Date

Eric Dickerson  
Eric Dickerson  
Plaintiff

7/22/09  
Date

Mary Walsh, Esq.  
Mary Walsh, Esq.  
Community Justice Project/Institutional Law  
Project  
Attorney for Plaintiff

7/22/09  
Date

Mariah L. Passarelli  
Mariah L. Passarelli, DAG  
Office of Attorney General  
Attorney for DOC

7-23-09  
Date

Alan S. Gold, Esq.  
Alan S. Gold, Esq.  
Gold and Robbins, P.C.  
Attorney for PHS